North Country Telemedicine Project (NCTP)
October 30, 2009
Quarterly Data Report #6

Changes made in Quarter 5 and items that do not currently apply, are in red.

1. Project Contact and Coordination Information

a. Identify the project leader(s) and respective business affiliations.

Denise Young, Project Coordinator
Executive Director
Fort Drum Regional Health Planning Organization

Robert P. Hunt, Associate Project Coordinator
Regional Telemedicine Program Manager
Fort Drum Regional Health Planning Organization

b. Provide a complete address for postal delivery and the telephone, fax, and e-mail address for the responsible administrative official.

Fort Drum Regional Health Planning Organization
Denise Young, Executive Director
120 Washington St., Suite 302
Watertown, New York 13601
Telephone: 315-755-2020
Fax: 315-755-2022
E-mail: dyoung@fdrhpo.org

c. Identify the organization that is legally and financially responsible for the conduct of activities supported by the award.

Fort Drum Regional Health Planning Organization

d. Explain how project is being coordinated throughout the state or region.

- We hold meetings with technical, clinical, and administrative staff at participating entities.
- We do site visits to each participating site to assess telecommunications infrastructure status and issues.
- We coordinate our activities with representatives of the New York State Department of Health, New York State Office of Mental Health, County Public Health Agencies, and Department of Defense/Fort Drum Organizations.
- We coordinate our activities with representatives of local, county, state, and federal legislative entities.

2. Identify all health care facilities included in the network.

a. Provide address (including county), zip code, Rural Urban Commuting Area (RUCA) code (including primary and secondary), six-digit census tract, and phone number for each health care facility participating in the network.

Detailed address/location information for all health care facilities included in the NCTP network is provided in the Table on Page 3.

NOTE: We were unable to determine Secondary RUCA Codes from the USAC-provided link to the RUCA Code contractor web site and associated links. Primary RUCA codes are included in Table 1, presented on Page 3.

One additional site ,Claxton-Hepburn Medical Center, has been added to this network in Quarter 3, as this site offers inpatient specialty services utilized by the network sites and with the Fort Drum MEDDAC choosing to pay all their own costs at a future date it made it possible to include this additional site.

In Quarter 6, one of the original sites, E. J. Noble Antwerp Health Center, has moved from 64 Main St, Antwerp, NY, 13608 to 6 Lexington Avenue, Antwerp, NY, 13608. The move has no impact on the cost of connecting this location to the fiber network by our ISP (Development Authority of the North Country). The clinic received a Rural Healthcare Grant of $110, 000.00 that allowed them to build a new clinic at the 6 Lexington Avenue location. A new Letter of Agency has been uploaded to SharePoint that reflects the change of address.

	Table 1. North Country Telemedicine Project (NCTP) Participating Sites - Location Information							
Site	Organization	Address	County	City	Zip Code	RUCA Code	Census Tract Code	Phone
1	Canton-Potsdam Hospital	50 LeRoy St.	St. Lawrence	Potsdam	13676	7	9909.00	315-265-3300
2	Carthage Area Hospital (CAH)	1001 West St.	Jefferson	Carthage	13619	5	0609.00	315-493-1000
3	CAH/Cape Vincent Family Health Center	400 S. Esselstyene St.	Jefferson	Cape Vincent	13618	5	0603.00	315-654-2530
4	CAH/Evans Mills Family Health Center	26121 US Highway 11	Jefferson	Evans Mills	13637	4	0606.00	315-629-1304
5	CAH/Philadelphia Physical Therapy Clinic	32787 US Highway 11	Jefferson	Philadelphia	13673	4	0606.00	315-642-0216
6	Carthage Mental Health Clinic	3 Bridge St.	Jefferson	Carthage	13619	5	0610.00	315-493-3300
7	Carthage Veterans Administration Clinic	3 Bridge St.	Jefferson	Carthage	13619	5	0610.00	315-493-4180
8	Clifton-Fine Hospital	1014 Oswegatchie Trail	St. Lawrence	Star Lake	13690	10	9925.00	315-848-3351
9	Crouse Hospital	736 Irving Ave.	Onandaga	Syracuse	13210	1	0043.00	315-470-7111
10	E. J. Noble (EJN) Health Center	2924 County Route 17	St. Lawrence	De Kalb Junction	13630	10	9918.00	315-347-3830
11	E. J. Noble (EJN) Health Center	6 Lexington Avenue	Jefferson	Antwerp	13608	5	0607.00	315-659-8993
12	E. J. Noble (EJN) Hospital	77 West Barney St.	St. Lawrence	Gouverneur	13642	7	9927.00	315-287-1000
13	Jefferson County Public Health Service	531 Meade St.	Jefferson	Watertown	13601	4	0614.00	315-786-3770
14	Lewis County Community Mental Health Center	7550 S. State St	Lewis	Lowville	13367	7	9503.00	315-376-5450
15	Lewis County General Hospital	7785 N. State St	Lewis	Lowville	13367	7	9503.00	315-376-5200
16	St. Elizabeth Medical Center	2209 Genesee St.	Oneida	Utica	13501	1	0217.01	315-798-8100
17	North Country Children's Clinic	238 Arsenal St.	Jefferson	Watertown	13601	4	0621.00	315-782-9450
18	River Hospital	4 Fuller St.	Jefferson	Alexandria Bay	13607	10	0601.00	315-482-2511
19	Samaritan Medical Center (SMC)	830 Washington St.	Jefferson	Watertown	13601	4	0619.00	315-785-4000
20	SMC Mental Health Clinic	1575 Washington St.	Jefferson	Watertown	13601	4	0622.00	315-785-5785
21	SMC Clinic/Plaza Family Health Center	1575 Washington St.	Jefferson	Watertown	13601	4	0622.00	315-779-5070
22	SMC Clinic/Fort Drum Outpatient Mental Health Clinic	165 Coleman Avenue	Jefferson	Watertown	13601	4	0615.00	315-780-8615
23	SMC Clinic/Family Health Center	909 Strawberry Lane	Jefferson	Clayton	13624	10	0602.00	315-686-2094
24	SMC Urology Clinic	19320 U. S. Highway 11	Jefferson	Watertown	13601	5	0624.00	315-785-4000
25	St. Joseph's Hospital	301 Prospect St.	Onondaga	Syracuse	13203	1	0023.00	315-448-5111
26	St. Lawrence County Public Health Department	80 State Hwy 310	St. Lawrence	Canton	13617	7	9920.00	315-386-2325
27	SUNY Upstate Medical Center	750 E. Adams St.	Onondaga	Syracuse	13210	1	0043.00	315-464-5540
28	Claxton-Hepburn Medical Center	214 King Street	St. Lawrence	Ogdensburg	13669	4	9916.00	315-393-3600

b. For each participating institution, indicate whether it is:

i. Public or non-public
ii. Not-for-profit or for-profit;
iii. An eligible health care provider or ineligible health-care provider with an explanation of why the health care facility is eligible under section 254 of the 1996 Act and the Commission's rules or a description of the type of ineligible health care provider entity.

Detailed eligibility information for all health care facilities included in the NCTP network is provided below in Table 2. One site has been added in Quarter 3 and one site moved to a different address in Quarter 6.

Table 2. North Country Telemedicine Project (NCTP) Participating Sites - Eligibility Information

Facility	Organization	Address	City	Zip Code	Public or Non-Public	Not-for-Profit or For-Profit	Eligibility Criteria
1	Canton-Potsdam Hospital	50 Leroy St.	Potsdam	13676	Non-Public	Not-for-Profit	Hospital licensed under New York State Department of Health, in accordance with New York State Law, Article 28
2	Carthage Area Hospital (CAH)	1001 West St.	Carthage	13619	Non-Public	Not-for-Profit	Hospital licensed under New York State Department of Health, in accordance with New York State Law, Article 28
3	CAH/Cape Vincent Family Health Center	400 S. Esselstyne Street	Cape Vincent	13618	Non-Public	Not-for-Profit	Community Health Clinic licensed under New York State Department of Health, in accordance with New York State Law, Article 28
4	CAH/Evans Mills Family Health Center	26121 U.S. Highway 11, Suite 5	Evans Mills	13637	Non-Public	Not-for-Profit	Community Health Clinic licensed under New York State Department of Health, in accordance with New York State Law, Article 28
5	CAH/Philadelphia Physical Therapy Clinic	32787 U.S. Highway 11	Philadelphia	13673	Non-Public	Not-for-Profit	Community Health Clinic licensed under New York State Department of Health, in accordance with New York State Law, Article 28
6	Carthage Mental Health Clinic	3 Bridge St.	Carthage	13619	Non-Public	Not-for-Profit	Community Mental Health Clinic Licensed by the New York State Office of Mental Health, in accordance with New York State Law, Article 28
7	Carthage Veterans Administration Clinic	3 Bridge St.	Carthage	13619	Public	Not-for-Profit	Community Health Center Licensed by Veterans Administration
8	Clifton-Fine Hospital	1014 Oswegatchie Trail	Star Lake	13690	Non-Public	Not-for-Profit	Hospital licensed under New York State Department of Health, in accordance with New York State Law, Article 28
9	Crouse Hospital	736 Irving Ave.	Syracuse	13210	Non-Public	Not-for-Profit	Hospital licensed under New York State Department of Health, in accordance with New York State Law, Article 28
10	E. J. Noble (EJN)/De Kalb Junction Health Center	2924 County Route 17	De Kalb Junction	13630	Non-Public	Not-for-Profit	Community Health Clinic licensed under New York State Department of Health, in accordance with New York State Law, Article 28
11	E. J. Noble (EJN)/Antwerp Health Center	6 Lexington Avenue	Antwerp	13608	Non-Public	Not-for-Profit	Community Health Clinic licensed under New York State Department of Health, in accordance with New York State Law, Article 28
12	E. J. Noble (EJN) Hospital	77 W. Barney St.	Gouverneur	13642	Non-Public	Not-for-Profit	Hospital licensed under New York State Department of Health, in accordance with New York State Law, Article 28
13	Jefferson County Public Health Service	531 Meade St.	Watertown	13601	Public	Not-for-Profit	County Public Health Facility Licensed under New York State Department Of Health

Table 2 (continued) North Country Telemedicine Project (NCTP) Participating Sites - Eligibility Information							
Facility	Organization	Address	City	Zip Code	Public or Non-Public	Not-for-Profit or For-Profit	Eligibility Criteria
14	Lewis County Community Mental Health Center	7550 S. State St.	Lowville	13367	Public	Not-for-Profit	Community Mental Health Clinic Licensed by the New York State Office of Mental Health, in accordance with New York State Law, Article 28
15	Lewis County General Hospital	7785 N. State St.	Lowville	13367	Public	Not-for-Profit	Hospital licensed under New York State Department of Health, in accordance with New York State Law, Article 28
16	St. Elizabeth Medical Center	2209 Genesee St.(Telecommunications Room is located at 2212 Genesee St.)	Utica	13501	Non-Public	Not-for-Profit	Hospital licensed under New York State Department of Health, in accordance with New York State Law, Article 28
17	North Country Children's Clinic	238 Arsenal St.	Watertown	13601	Non-Public	Not-for-Profit	Community Health Clinic licensed under New York State Department of Health, in accordance with New York State Law, Article 28
18	River Hospital	4 Fuller St.	Alexandria Bay	13607	Non-Public	Not-for-Profit	Hospital licensed under New York State Department of Health, in accordance with New York State Law, Article 28
19	Samaritan Medical Center(SMC)	830 Washington St.	Watertown	13601	Non-Public	Not-for-Profit	Hospital licensed under New York State Department of Health, in accordance with New York State Law, Article 28
20	SMC Mental Health Clinic	1575 Washington St.	Watertown	13601	Non-Public	Not-for-Profit	Community Mental Health Clinic Licensed by the New York State Office of Mental Health, in accordance with New York State Law, Article 28
21	SMC Clinic/Plaza Family Health Center	1575 Washington St.	Watertown	13601	Non-Public	Not-for-Profit	Community Health Clinic licensed under New York State Department of Health, in accordance with New York State Law, Article 28
22	SMC Clinic/Fort Drum Outpatient Mental Health Clinic	165 Coleman	Watertown	13601	Non-Public	Not-for-Profit	Community Mental Health Clinic Licensed by the New York State Office of Mental Health, in accordance with New York State Law, Article 28
23	SMC Clinic/Family Health Center	909 Strawberry Lane	Clayton	13624	Non-Public	Not-for-Profit	Community Health Clinic licensed under New York State Department of Health, in accordance with New York State Law, Article 28
24	SMC Urology Clinic	19320 U.S. Highway 11	Watertown	13601	Non-Public	Not-for-Profit	Community Health Clinic licensed under New York State Department of Health, in accordance with New York State Law, Article 28
25	St. Joseph's Hospital	301 Prospect St.	Syracuse	13203	Non-Public	Not-for-Profit	Hospital licensed under New York State Department of Health, in accordance with New York State Law, Article 28
26	St. Lawrence County Public Health Department	80 State Highway 310	Canton	13617	Public	Not-for-Profit	County Public Health Facility Licensed under New York State Department Of Health
27	SUNY Upstate Medical Center	750 East Adams St.	Syracuse	13210	Public	Not-for-Profit	Hospital licensed under New York State Department of Health, in accordance with New York State Law, Article 28
28	Claxton Hepburn Medical Center	214 King Street	Ogdensburg	13669	Non-Public	Not-for-Profit	Hospital licensed under New York State Department of Health, in accordance with New York State Law, Article 28

3. Network Narrative: In the first quarterly report following the completion of the competitive bidding process and the selection of vendors, the selected participant must submit an updated technical description of the communications network that it intends to implement, which takes into account the results its network design studies and negotiations with its vendors. This technical description should provide, where applicable:

a. Brief description of the backbone network of the dedicated health care network, e.g., MPLS network, carrier-provided VPN, a SONET ring;

The Development Authority of the North Country (DANC) has created the Open Access Telecommunications Network (OATN). The core of the OATN is built on a SONET OC-192 platform. The OC-192 platform provides 10 GB/s of bandwidth that can be delivered to other Carriers and end-users as TDM (DS-1/DS-3, OC-X), Ethernet and ATM Switching. The backbone is comprised of an OC-192 with ten (10) network elements installed in Points of Presence (POPs) on the main ring. Lowville is connected via an OC-48 subtending ring. DANC has established POPs in the North Country, all of which provide connectivity to a gateway in Syracuse, NY. The POPs include:

- Watertown
- Gouverneur
- Canton
- Potsdam
- Massena
- Ogdensburg
- Alexandria Bay
- Lowville
- Pulaski
- Syracuse

The ten (10) POPs provide services that support all TDM and IP-based applications, including Internet, Video/Distance Learning, Storage Area Networks (SANs), Telemedicine and other advanced applications.

DANC's OATN was constructed and is operated in compliance with the highest industry standards. Their physical infrastructure follows Telcordia standards. Equipment placed in DANC central offices meets NESC and NEBS Level III certification requirements and transmission protocols are dictated by IEEE. More specifically, the OATN uses IEE 802.17 Resilient Packet Ring (RPR) technology to deliver Layer 2 Ethernet services leveraging the reliability and redundancy of SONET. This design allows DANC to deliver data rates of 10 Mb/s, 100 Mb/s and 1 Gb/s and provide sub-50 millisecond restoration times.

b. Explanation of how health care provider sites will connect to (or access) the network, including the access technologies/services and transmission speeds;

The broadband service will be connected to specific customers (listed in Table 2) via single-mode Corning SMF-28E fiber optic cable constructed as later cables from the existing OATN ring backbone facility. This cable facility will be placed in the communications space of jointly owned service poles as well as buried per DANC's construction practices. Actual facility placement will be defined at final engineering. Optical fiber will be terminated in a single rack unit (RU), 12-fiber distribution panel (FDP). FDP's will be placed in existing wall mount or floor mounted communications racks.

A layer two (L2) Ethernet switch will be placed directly below the FDP and connected via single-mode optical fiber jumpers. The L2 Ethernet switch will serve as the customer demarcation point and the Ethernet services will be delivered via a copper port assigned by DANC. Port assignments will be determined at final engineering completion.

Ethernet services for the Syracuse and Utica hospital locations will be provided by a third party service provider from the hospital locations to the carrier hotel and 109 South Warren Street, Syracuse, New York. These services will terminate in DANC's central office located at the carrier hotel and then transported via the DANC network to the North Country service area.

IEEE 802.1Q VLAN tagging will be utilized to provide separate logical paths between FDRHPO sites (listed in Table 2). Available bandwidths include, but are not limited to, 10 Mb/s and 100 Mb/s. Copper hand-offs will be provided. The demarcation point can either be untagged or and 802.1Q tagged trunk port.

c. Explanation of how and where the network will connect to a national backbone such as NLR or Internet2;

DANC's network was designed as a regional transport service with the goal of providing access to multiple carriers and service providers. DANC's network is already interconnected with many international and regional internet providers as well as NYSERNET for I2 services.

d. Number of miles of fiber construction, and whether the fiber is buried or aerial;

DANC's OATN currently serves many of the project locations listed in Table 2. For the majority of the remaining locations DANC will construct fiber optic distribution links from the existing OATN backbone network in St. Lawrence, Lewis and Jefferson Counties utilizing aerial as well as underground construction methods. To maximize value and reduce the implementation timeline, DANC will lease circuits from local Ethernet service providers for certain member locations. DANC is providing the FDRHPO a 10/100 Mbps Ethernet Fiber Service. FDRHPO is NOT purchasing, building or laying (buried or aerial) their own fiber and therefore we have no information on the number of miles of fiber provided by DANC in support of FDRHPO's overall 10/100 Mbps Ethernet Fiber service. We can say that DANC's Open Access Telecom Network (OATN), on which the FDRHPO services are provisioned, is a carrier-class telecommunications network serving Jefferson, Lewis, and St. Lawrence Counties in New York State, connecting the region to carrier collocation facilities in Syracuse, NY. The OATN is comprised of approximately 750 miles of fiber optic cable, and 14 Central Offices (CO's), which contain the electronic and optical equipment that power the network.

e. Special systems or services for network management or maintenance (if applicable) and where such systems reside or are based.

The leased service being provided to the FDRHPO customers listed in Table 2 includes network management and maintenance. The DANC network is monitored on a 24x7 basis via a variety of methods and systems. DANC's network monitoring operation utilizes several servers that monitor the elements of the network infrastructure. The status of each device is checked routinely and the Network Operation Staff is notified by several methods in the event of a failure. FDRHPO customers (listed in Table 2) will be notified of an outage immediately after the problem has been identified. The notice will be given to the designated party as requested (i.e. telephone call, emails, etc.). Reporting information includes network availability, utilization and performance. This information will be provided to FDRHPO as requested.

DANC's Network Management System (NMS) uses a dual notification system to assure all alarms are captured and resolved rapidly. DANC has a comprehensive provisioning and monitoring system based on the following tools:

- Netgaurdian SNMP alarm collector: manages the SNMP and alarm closure information for environmental, power and physical security alarms.

- Preside Site Manager for the Optical Metro 3500: handles fault and configuration of the SONET and RPR aspects of the backbone.
- Ethernet Network Management System: handles overall discovery, topology and fault management, and monitoring of the different network layers in DANC's network from the backbone to the customer provided equipment (CPE).
- Ethernet Switch Manager: provisions and configures enterprise class data products including the backbone aggregation and CPE products.

In addition to monitoring the network equipment, the NMS also monitors environmental alarms at all CO locations to ensure that the equipment is secure and operating in a properly controlled environment.

4. List of Connected Health Care Providers: Provide information below for all eligible and non-eligible health care provider sites that, as of the close of the most recent reporting period, are connected to the network and operational.

a. Health care provider site;

b. Eligible provider (Yes/No);

c. Type of network connection (e.g., fiber, copper, wireless);

d. How connection is provided (e.g., carrier-provided service; self-constructed; leased facility);

e. Service and/or speed of connection (e.g., DS1, DS3, DSL, OC3, Metro Ethernet (10 Mbps);

f. Gateway to NLR, Internet2, or the Public Internet (Yes/No);

g. Site Equipment (e.g., router, switch, SONET ADM, WDM), including manufacturer name and model number.

h. Provide a logical diagram or map of the network.

- The proposed network is not yet in place; no sites are connected.

5. Identify the following non-recurring and recurring costs, where applicable shown both as budgeted and actually incurred for the applicable quarter and funding year to-date.

a. Network Design

b. Network Equipment, including engineering and installation.

c. Infrastructure Deployment/Outside Plant
   i. Engineering
   ii. Construction

d. Internet2, NLR, or Public Internet Connection

e. Leased Facilities or Tariffed Services

f. Network Management, Maintenance, and Operation Costs (not captured elsewhere)

g. Other Non-Recurring and Recurring Costs

- The proposed network is not yet in place; there are no costs to report.

6. Describe how costs have been apportioned and the sources of the funds to pay them:

a. Explain how costs are identified, allocated among, and apportioned to both eligible and ineligible network participants.

- There are no ineligible NCTP network participants at this time. Any ineligible entity that chooses to connect to the NCTP network will pay 100% of all costs associated with obtaining and NCTP network connection.
- Network connection rates will be established upon award of the telecommunications network contract.
- Eligible participants will pay 15% of the network service delivery costs for each site connection, based on the amount of bandwidth they choose to purchase.
- It is currently estimated that a 10 Mbps network connection will cost approximately $1,150 per month. Of this amount, a site receiving a 10 Mbps connection would pay 15% of this amount, or $172.50 per month.
- It is currently estimated that a 100 Mbps network connection will cost approximately $2,175 per month. Of this amount, a site receiving a 100 Mbps connection would pay 15% of this amount, or $326.25 per month.

b. Describe the source of funds from:

i. Eligible Pilot Program network participants

- NCTP network participants will pay 15% of network service delivery costs.

ii. Ineligible Pilot Program network participants

- There are no ineligible NCTP network participants at this time. Any ineligible entity that chooses to connect to the NCTP network will pay 100% of all costs associated with obtaining and NCTP network connection.

c. Show contributions from all other sources (e.g., local, state, and federal sources, and other grants).

i. Identify source of financial support and anticipated revenues that is paying for costs not covered by the fund and by Pilot Program participants.

- FDRHPO has received a federal appropriation that will pay for the 15% non-recurring construction costs. *The Federal Appropriation Number that covers those funds is APPN 97 9 0130.88.*

ii. Identify the respective amounts and remaining time for such assistance.

- Not Applicable.

d. Explain how the selected participant's minimum 15 percent contribution is helping to achieve both the selected participant's identified goals and objectives and the overarching goals of the Pilot Program.

- The willingness of network participants to pay their minimum 15% contribution of network service delivery costs demonstrates their commitment to identified goals and objectives and the overarching goals of the Pilot Program.

7. Identify any technical or non-technical requirements or procedures necessary for ineligible entities to connect to the participant's network.

- There are no ineligible NCTP network participants at this time.

8. Provide an update on the project management plan, detailing:

a. The project's current leadership and management structure and any changes to the management structure since the last data report;

- Denise Young, Executive Director of the FDRHPO, is the Project Coordinator (PC) for the NCTP.

- The FDRHPO will oversee the NCTP through a full-time Telemedicine Coordinator. Robert P. Hunt has been appointed as the NCTP Regional Telemedicine Program Manager for the FDRHPO and will serve as the Associate Project Coordinator (ACP)/Telemedicine Coordinator.

- In addition to the Coordinator, the project team will be supported by clinical, technical, and management/administrative committees representing the participating North Country hospitals, urban hospitals, and rural clinics. Once a network vendor is selected, representatives from the vendor and other project support organizations (e.g., NYSERNet, payer representatives, etc.) may be included in various committee activities.

  Each of these committees will discuss and advise the network and telemedicine activities that pertain to their area of expertise.

b. In the first quarterly report, the selected applicant should provide a detailed project plan and schedule.

- The following table includes the significant milestones that will occur during the grant period. These projected milestones start on the date of award of the telecommunications network contract and will be managed by the FDRHPO.

Activity	Timeframe
Network construction	Months 1 - 4
Meeting with the tertiary site providers to educate on telemedicine and refine business associate agreements	Months 2 - 4
Identification of site representatives—for clinical services and IT issues	Months 2 - 4
Roll out of the committees representing the North Country facilities, the tertiary facilities, and Selected Telecommunications Vendor	Months 4 - 5
Telemedicine equipment vendor selection and purchase of telemedicine equipment	Months 4 - 7
Protocol development for consult rule-in/rule out, consultation imitation and follow-up process, information exchange and security, etc.	Months 4 - 9
Initial engagement of commercial payers for demonstration and possible reimbursement	Months 5 -11
Testing the network	Months 7 - 10
Training and piloting network access, and use of the equipment	Months 8 - 10
Roll out of initial clinical specialties: cardiology, gastroenterology, oncology, pulmonology and outpatient behavioral health (one per month)	Months 10 - 16
Evaluation	Months 16 - 24

The schedule must provide a list of key project deliverables or tasks, and their anticipated completion dates.

- Key project deliverables and tasks and their anticipated completion dates will be specifically identified once a network vendor has been selected and FCL funding has been approved.
- Participating sites planning to receive 10 Mbps connections include:
  - Carthage Area Hospital/Cape Vincent Family Health Center
  - Carthage Area Hospital/Evans Mills Family Health Center
  - Carthage Area Hospital/Philadelphia Physical Therapy Clinic
  - Carthage Mental Health Clinic
  - Carthage Veterans Administration Clinic
  - E. J. Noble Health Center/De Kalb Junction
  - E. J. Noble Health Center/Antwerp Health Center
  - Jefferson County Public Health Service/Watertown
  - Lewis County Community Mental Health Center/Lowville
  - North Country Children's Clinic/Watertown
  - Samaritan Medical Center Mental Health Clinic/Watertown
  - Samaritan Medical Center Clinic/Plaza Family Health Center
  - Samaritan Medical Center Clinic/Fort Drum Outpatient Mental Health Clinic/Watertown
  - Samaritan Medical Center Clinic/Family Health Center/Clayton
  - Samaritan Medical Center Urology Clinic/Watertown
  - St. Lawrence County Public Health Department/Canton

- Participating sites planning to receive 100 Mbps connections include:
  - Canton-Potsdam Hospital/Potsdam
  - Carthage Area Hospital/Carthage
  - Clifton-Fine Hospital/Star Lake
  - Crouse Hospital/Syracuse
  - E.J. Noble Hospital/Gouverneur
  - Lewis County General Hospital/Lowville
  - St. Elizabeth Medical Center/Utica
  - River Hospital/Alexandria Bay
  - Samaritan Medical Center/Watertown
  - St. Joseph's Hospital/Syracuse
  - SUNY Upstate Medical Center/Syracuse
  - Claxton-Hepburn Medical Center

- Specific proposed dates for connecting each participating site cannot be determined until a network vendor has been selected and FCL funding has been approved. All participating sites are expected to be connected by September 2009.

Among the deliverables, participants must indicate the dates when each health care provider site is expected to be connected to the network and operational.

- The dates on which network participant sites are expected to be connected to the network will be identified once a network vendor has been selected and FCL funding has been approved. The selected vendor will then have 60 days to provide the NCTP connection schedule to the FDRHPO. All participating sites are expected to be connected to the NCTP network by February 2010.

Subsequent quarterly reports should identify which project deliverables, scheduled for the previous quarter, were met, and which were not met.

- Not applicable.

In the event a project deliverable is not achieved, or the work and deliverables deviate from the work plan, the selected participant must provide an explanation.

- Not applicable.

9. Provide detail on whether network is or will become self sustaining. Selected participants should provide an explanation of how network is self sustaining.

Project Sustainability Plan

Project Director: Denise K. Young

Plan Narrative

Sustainability is the ability of the Fort Drum Regional Health Planning Organization's (FDRHPO) North Country Telemedicine Project (NCTP) initiative to thrive and grow beyond the initial implementation. Expanded use of telemedicine, continued development of electronic health records, and electronic information sharing will require continued availability of this network. Each new development using this technology will increase the importance of sustaining the NCTP initiative.

Project Champions

The project champions for this specific project include Denise Young (Executive Director), Robert Hunt (Regional Telemedicine Project Manager), Kevin Mastellon (Board Member and Committee Chair) of the FDRHPO. The health care participating entity project champions are Skip Edie (CIO) of River Hospital, Jeff Wood (Technical Services Manager) Samaritan Medical Center, Corey Zeigler (CIO) of Canton-Potsdam Hospital, Glenn Clark (Information Systems Director) Carthage Area Hospital, John Smithers (Network Administrator) E. J. Noble Hospital, Eric Burch (CEO) Lewis County General Hospital, Steve Potter (Information Systems Manager) Clifton-Fine Hospital, Terry Wagner (CIO) of SUNY Upstate Medical, Bob Gillette (Director of Information Technology) of St. Elizabeth Hospital, Chuck Fennell (VP of Information Management) of St. Joseph's Hospital, and Marc Gibbs (CIO) of Crouse Memorial Hospital.

Commitments from Network Members

All of the health care entities connecting to the fiber network have agreed to maintain their commitment to the NCTP for as long as the project is able to reduce facility costs and continues to improve customer care.

Source for 15% Funding

FDRHPO has received a federal appropriation that will pay for the 15% non-recurring construction costs. *The Federal Appropriation Number that covers those funds is APPN 97 9 0130.881.* The 15% funds for the recurring non-construction costs will be paid by the participating healthcare entities listed in the sustaining budget plan accompanying this plan.

Anticipated Future Funding Streams

Anticipated future uses are currently under development and include telemedicine to perform mental and behavioral health outpatient services, telecardiology, and telestroke services. Tertiary care centers in the region are preparing a catalog of services they are able to provide and those they seek to actively develop. Continuity of operations is made possible by implementation of but a few such programs. These programs will provide the fiscal support needed to sustain the network and continue expansion of telemedicine in the region using these resources and are a key component factored into the estimated cost savings and revenue increases identified in the sustainability budget of this plan.

This project will form strong relationships between public and private organizations that will use and value telemedical capabilities. These relationships, coupled with entrepreneurial vigilance, will seek to identify and pursue additional opportunities. We understand that telemedicine doesn't simply bridge the geographic gap. It is also

technology that will make available advances never before thought possible. The desire of the participants to pursue collaborative endeavors in this arena is evident and will continue to grow.

Upfront Charges

This project has selected Development Authority of the North Country (DANC) as its network vendor. DANC is providing FDRHPO service for a specified amount of bandwidth (10M or 100M) for each of the sites listed in the sustaining budget plan on pages 6 and 7.

During the construction phase DANC will install the connection from the FDRHPO facilities to the DANC network. DANC will then terminate that connection using their equipment. DANC's Open Access Telecom network (OATN) platform will provide FDRHPO maximum flexibility to add new services or increase bandwidth at the initial FDRHPO locations. The OATN will also allow the FDRHPO to seamlessly add new sites to the existing network. DANC's broadband service will be connected to the facilities (listed in the sustaining budget plan) via single-mode Corning SMF-28E fiber optic cable constructed as lateral cables from the existing OATN ring backbone facility.

DANC is responsible for maintaining the equipment for the entire period described in the lease with FDRHPO. FDRHPO does not own the fiber or the equipment that terminates the fiber. The FDRHPO facilities are treated as stub locations on the DANC network. There are no other entities on the dedicated fiber connection and there are no other entities sharing the fiber connection between the FDRHPO facilities and the DANC network. All traffic originating or terminating on an FDRHPO facility will traverse the DANC network via dedicated virtual local area network (VLAN) connection. No invoices for any equipment or services will be authorized by FDRHPO to DANC until (1) after the installation and services have commenced and (2) prior to Fiscal Year 2009, which starts on 1 July 2009.

Monthly Lease Option

FDRHPO will be paying for the leased connections on a month-by-month basis; the terms of the contract that covers the monthly recurring payment costs are in force for 4 years from the initial start of service for each site connecting to the DANC fiber network. Beyond the initial 4 year term of the contract monthly recurring costs for each site are projected to be renegotiated at approximately the same cost as in years 1 and 2 of the current contract (see Column E of the budget plan). This is configuration is similar to Scenario 9 of the "Excess Bandwidth and Excess Capacity Scenarios" document. The primary difference is FDRHPO will pay monthly for the service connection based on a 4 year contract with the vendor (DANC) instead of prepaying up front for a 10-15 year period. The provider (DANC) will continue to provide FDRHPO access to the DANC network based on the current pricing model for years 1 and 2 (see Column E of the budget plan) for an additional 10 – 15 years (assuming that the connection speeds remain at 10Mbps or 100Mbps).

Use of the Network by Non-Eligible Entities

FDRHPO does not own the network. We are only paying for access to the providers (DANC) network. Ineligible entities that want or need to connect to this fiber network will pay their own installation and service charges for their own fiber connectivity directly to the provider (DANC). FDRHPO will not pay any costs or use any funds for non-eligible entities.

Funding in the Regular RHC Program

At this time we have not included any budget references for sites that meet the eligibility requirements for the regular RHC funding program. FDRHPO may apply for funding for these sites (River Hospital, Clifton-Fine Hospital and Lewis County General Hospital) at a future date.

State and Federal Funding
FDRHPO is not using any state or federal funding to sustain the network.

Management of the Network

The FDRHPO will oversee the project, through its Regional Telemedicine Project Coordinator. In addition to the coordinator, the project team will consist of committees representing the North Country hospitals, the urban

hospitals, and the Development Authority of the North Country (DANC). DANC will manage the installation and management of the Network.

The Regional Telemedicine Project Coordinator, who is a staff member of the FDRHPO, will carry out the following responsibilities:

- Act as central project contact
- Represent FDRHPO to DANC during network construction
- Provide staff support to all committees
- Manage relationships with and between the hospitals
- Initiate and train staff on telemedicine process
- Oversee efforts to begin payer reimbursement
- Track outcomes
- Track budget
- Analyze cost efficiency
- Evaluate when/if new services or providers are needed
- Prepare FCC grant reports
- Seek alternate sources of funding
- Seek alternate uses of the network—e.g., CME, NYSERNet research, etc.

The lease agreement calls for DANC to provide Network Management as part of the lease service. The DANC network and the stub facilities directly connected to the DANC network (see the list of sites shown in the sustaining budget plan) are monitored by DANC on a 24x7 basis via a variety of methods and systems. DANC's network monitoring operation utilizes several servers that monitor the elements of the network infrastructure. The status of each device is checked routinely and the Network Operation Staff is notified by several methods in the event of a failure. FDRHPO will be notified of an outage immediately after the problem has been identified.

Anticipated Future Cost Savings and Network Sustainability

The smaller clinics included in this project will have direct access to hospital resources. These resources include patient registration and management applications, electronic health record information, and telemedical services performed by a wider variety of specialties than the clinics can provide organically. The regional hospitals will have access to the clinic operations and electronic health records, which will provide a more seamless style of health care. The efficiency created by combining and joining resources is the other component factored into cost savings and revenue increases identified in the sustainability budget portion of this plan.

The North Country Telemedicine Project incurs most of its costs during the construction of the fiber optic stub connections between the participating healthcare entities, listed in the sustaining budget plan, and DANC's Open Access Telecom Network (OATN). Once the fiber optic stub connection is built, with all 28 connection sites live, the ongoing costs of the network still represent only a fraction of what the majority the facilities are currently paying for telecommunications services. The cost savings from an overall network standpoint are significant even without taking into account the clinical cost benefits that will be realized when patients are retained via telemedicine consults.

Network Management costs are built into the monthly recurring charges. Funds provided by the FCL will cover 85% of each sites cost for the first four (4) years of the project. The other 15% of the costs will be paid by the participating healthcare entities listed in the sustaining budget plan. The participating healthcare entities will be responsible for 100% of the monthly recurring charges in years five (5) through ten (10). These costs will be offset by projected future revenue streams and the overall reduction in network connectivity costs.

Clinical Cost Benefit

Together, five specialties consisting of (1) general surgery, (2) cardiology, (3) gastroenterology, (4) oncology, and (5) pulmonology represent more than 20% of the cases that are transferred from the North Country to Syracuse. These cases also represent greater than 25% of the charges. Ultimately we found a cost differential for transferring as compared to retaining the case ranging from $4,500 to more than $11,000 per case, depending on type. Adjusting for those cases that would have to be transferred either because of acuity, patient preference or other reasons, we projected a potential cost savings of nearly $4.11 million just for these fives specialties. Retaining 5% of the other 30 specialties has the potential to realize another $2 million in revenue for local hospitals. All told,

retaining $6 million worth of services in the North Country would equal a 4% improvement in local healthcare inpatient revenue.

At its core, telemedicine reallocates resources from a constrained location (the urban medical center) to sub-optimized, rural facilities. The downside to the urban facilities is relatively minor in comparison, as the total drop in case volume should have only a small impact on overall contribution margin. For these overburdened facilities, the opportunity to minimize transfer of less complex cases will allow them to improve throughput and concentrate care for higher acuity patients. Further, the addition of telemedicine has the potential of actually increasing referrals for cases that are more appropriate (and cost efficient) for the tertiary facilities, based on the stronger provider relationships that telemedicine creates.

Reimbursement

As of September 1, 2006, both Medicare and Medicaid will reimburse telehealth services to some extent. Medicare will cover consultation, office visits, individual psychotherapy, and pharmacologic management delivered via a telecommunication system. Medicaid will pay for medically necessary emergency room and inpatient hospital telemedicine consultation by specialty physicians. CMS requires that both types of consultation be via a fully interactive audio and video telecommunications system that permits real-time communications between the distant site physician and the Medicare beneficiary[1], while also supporting the review of diagnostic tests integral to the consultation.[2]

Of the projected revenue generated by the five specialties outlined in this project, nearly $1.5 million derives from the cost savings of keeping the care local. The benefits to the payers include immediate cost savings, improved standardization of care, and decreased fragmentation, all leading to lower cost and higher value. Perhaps after initial demonstration of the project, the payers will be persuaded to reimburse this valuable service.

Currently none of the private payers reimburse for telemedicine, though payers in the Rochester region are considering demonstration projects for telemedicine coverage. The following chart outlines private payer percentages by product line, as a sum of Blue Cross, Commercial, and HMO.

Product Line	Payer	Percentage
Cardiology	Medicaid	10.2 %
	Medicare	53.3 %
Gastroenterology	Medicaid	9.5 %
	Medicare	42.3 %
General Surgery	Medicaid	9.8 %
	Medicare	35.6 %
Oncology	Medicaid	36.9 %
	Medicare	24.4 %
Pulmonology	Medicaid	16.4 %
	Medicare	48.3 %

[1] Medicare requirements
[2] Medicaid requirements

Enhanced Patient Care

Hospitals will be able access and share information between hospitals. Ventures by the regional hospitals into PACS with search and retrieve capabilities have already been researched as part of a HEAL NY grant submission.

A verbal agreement exists between the information technology leaders of several of the hospitals. This agreement is to seek opportunities for collaboration in information technology. The agreement is that competitive interests are better served through other means and that technology should be a shared experience. This project is the cornerstone of such an effort.

Relationships between the tertiary care centers and regional hospitals will result in enhanced patient care. Telemedicine, distance learning, and continuity of care are supported by this project. The opportunity now exists to fashion a more cohesive network similar to a Regional Health Information Organization. This will position the region to more readily implement and adopt the emerging EHR standards.

Conclusion – Collective Benefit

All involved parties have much to gain or lose in sustaining this project. The larger organizations will create the support programs that include service for the smaller ones. Ultimately, the loss of capability would have a significant negative impact all participants. Therefore, the collective benefit will be sustained through continued collaboration and development of this technology. The collective organizations are already spending a significant amount on lower bandwidth and less efficient technology than the Ethernet fiber this project will provide. Funding for continued support of this resource will come from the individual organizations some of which will be offset by the dollars being invested in the current connectivity and through hard cost savings and increased revenue streams. Each of these items has been included in the sustaining budget plan.

In addition, grant dollars will be sought for telemedicine equipment and electronic medical record interfacing opportunities that will increase the ability to efficiently deliver services and sustain the network. However, expected grant dollars were not included in the sustainability budget as they are a moving target and do not provide a sustainable funding stream.

Fort Drum Regional Health Planning Organization North Country Telemedicine Project (NCTP) 27 Participating Entities (NOTE: Sites 20 & 21 are co-located)												
Site	Organization	Minimum Existing B/W	(1) Current Monthly Cost for Existing Bandwidth	(2) Monthly Cost Years 1 - 2 10MB Clinics 100MB Hospitals	(2) Monthly Cost Years 3 - 4 10MB Clinics 100MB Hospitals	(3) Cost Savings from Telemedicine	(4) New Revenue from Telemedicine	Monthly Cost Savings + New Revenue	New Bandwidth Cost Not Offset by Savings or Revenue (Years 1 - 2)	New Bandwidth Cost Not Offset by Savings or Revenue (Years 3 - 4)	Gain for Site: Years 1 and 2 Current Monthly Cost Minus New Bandwidth Cost Not Offset by Savings or Revenue	Gain for Site: Years 3 and 4 Current Monthly Cost Minus New Bandwidth Cost Not Offset by Savings or Revenue
1	Canton-Potsdam Hospital	T-1	$1200	$2,100	$200	$1000	$900	$1900	$200	-$1700	$1000	$2,900
2	Carthage Area Hospital (CAH)	T-1	$1200	$2,100	$200	$1000	$900	$1900	$200	-$1700	$1000	$2,900
3	CAH/Cape Vincent Family Health Center	Cable	$600	$1000	$100	$500	$400	$900	$100	-$800	$500	$1400
4	CAH/Evans Mills Family Health Center	Cable	$600	$1000	$100	$500	$400	$900	$100	-$800	$500	$1400
5	CAH/Carthage Physical Therapy Clinic	Cable	$600	$1000	$100	$500	$400	$900	$100	-$800	$500	$1400
6	Carthage Mental Health Clinic	Cable	$600	$1000	$100	$500	$400	$900	$100	-$800	$500	$1400
7	Carthage Veterans Administration Clinic	Cable	$600	$1000	$100	$500	$400	$900	$100	-$800	$500	$1400
8	Clifton-Fine Hospital	T-1	$1200	$2,100	$200	$1000	$900	$1900	$200	-$1700	$1000	$2,900
9	Crouse Hospital	T-1	$2,000	$2,100	$200	$600	$1200	$1800	$300	-$1600	$1700	$3,600
10	E. J. Noble (EJN) Health Center	Cable	$600	$1000	$100	$500	$400	$900	$100	-$800	$500	$1400
11	E. J. Noble (EJN) Health Center	Cable	$600	$1000	$100	$500	$400	$900	$100	-$800	$500	$1400
12	E. J. Noble (EJN) Hospital	T-1	$1200	$2,100	$200	$1000	$900	$1900	$200	-$1700	$1000	$2,900
13	Jefferson County Public Health Service	T-1	$600	$2,100	$200	$1000	$600	$1600	$500	-$1400	$100	$2,000
14	Lewis Cty. Community Mental Health Center	Cable	$600	$1000	$100	$500	$400	$900	$100	-$800	$500	$1400
15	Lewis County General Hospital	T-1	$1200	$2,100	$200	$1000	$900	$1900	$200	-$1700	$1000	$2,900
16	St. Elizabeth Medical Center	T-1	$600	$3,000	$200	$600	$1200	$1800	$1200	-$1600	-$600	$2,200
17	North Country Children's Clinic	T-1	$1200	$2,100	$200	$1000	$400	$1400	$700	-$1200	$500	$2,400
18	River Hospital	T-1	$1200	$2,100	$200	$1000	$900	$1900	$200	-$1700	$1000	$2,900
19	Samaritan Medical Center(SMC)	T-1	$1200	$2,100	$200	$1000	$900	$1900	$200	-$1700	$1000	$2,900
20	SMC Mental Health Clinic	Cable	$1200	$2,000	$200	$1000	$900	$1900	$100	-$1700	$1100	$2,900
21	SMC Clinic/Plaza Family Health Center	Cable										
22	SMC/Fort Drum Outpatient Mental Health Clinic	Cable	$600	$1000	$100	$500	$400	$900	$100	-$800	$500	$1400
23	SMC Clinic/Family Health Center	Cable	$600	$1000	$100	$500	$400	$900	$100	-$800	$500	$1400
24	SMC Urology Clinic	Cable	$600	$1000	$100	$500	$400	$900	$100	-$800	$500	$1400
25	St. Joseph's Hospital	T-1	$2,000	$2,100	$200	$400	$1200	$1600	$500	-$1400	$1500	$3,400
26	St. Lawrence County Public Health Dept.	T-1	$600	$2,100	$200	$1000	$600	$1600	$500	-$1400	$100	$2,000
27	SUNY Upstate Medical Center University Hosp	T-1	$2,000	$2,100	$200	$400	$1200	$1600	$500	-$1400	$1500	$3,400
28	Claxton-Hepburn Medical Center	T-1	$1200	$2,100	$200	$1000	$900	$1900	$200	-$1700	$1000	$2,900
											$19,400	**$60,500**

This budget was developed based on the following assumptions:

(1) Rural NCTP participating hospitals are paying minimum of $1200 per month for a T-1, Public Health Departments are paying an average of $600 per month for a T-1, participating rural primary care & mental health clinics are paying an average of $600 per month for Time Warner Cable Business Class connectivity and participating Urban Hospitals are paying an average of $600 per month per T-1.

(2) Monthly cost per 10MB and 100MB Ethernet connections as identified in DANC RFP response, Option 2 for years 1-2 and 3-4.

(3) NCTP estimates that: rural hospitals will save at least $1,000 per month by utilizing the bandwidth to do remote telemedicine consults rather than bringing the specialists to their facilities and rural clinics will save $400-$600 per month in staff costs by utilizing the broadband network to more efficiently use their supporting hospitals resources.

(4) NCTP estimates that: urban hospitals will increase revenue by at least $1,200 per month through providing telemedicine consults to rural sites, rural hospitals will increase revenue by at least $900 per month and rural clinics will increase revenue by $400-$600 per month through the provision of new sub-specialty services only available through remote telemedicine consults.

Fort Drum Regional Health Planning Organization North Country Telemedicine Project (NCTP) 27 Participating Entities (NOTE: Sites 20 & 21 are co-located)									
Site	Organization	Minimum Existing Bandwidth	(1) Current Monthly Cost for Existing Bandwidth	(2) Monthly Cost Years 5 - 10 10MB Clinics 100MB Hospitals	(3) Cost Savings from Telemedicine	(4) New Revenue from Telemedicine	Monthly Cost Savings + New Revenue	New Bandwidth Cost Not Offset by Savings or Revenue (Years 5 - 10)	Gain for Site: Years 5 - 10 Current Monthly Cost Minus New Bandwidth Cost Not Offset by Savings or Revenue
1	Canton-Potsdam Hospital	T-1	$1,200	$2,100	$1,000	$900	$1,900	$200	$1,000
2	Carthage Area Hospital (CAH)	T-1	$1,200	$2,100	$1,000	$900	$1,900	$200	$1,000
3	CAH/Cape Vincent Family Health Center	Cable	$600	$1,000	$500	$400	$900	$100	$500
4	CAH/Evans Mills Family Health Center	Cable	$600	$1,000	$500	$400	$900	$100	$500
5	CAH/Carthage Physical Therapy Clinic	Cable	$600	$1,000	$500	$400	$900	$100	$500
6	Carthage Mental Health Clinic	Cable	$600	$1,000	$500	$400	$900	$100	$500
7	Carthage Veterans Administration Clinic	Cable	$600	$1,000	$500	$400	$900	$100	$500
8	Clifton-Fine Hospital	T-1	$1,200	$2,100	$1,000	$900	$1,900	$200	$1,000
9	Crouse Hospital	T-1	$2,000	$2,100	$600	$1,200	$1,800	$300	$1,700
10	E. J. Noble (EJN) Health Center	Cable	$600	$1,000	$500	$400	$900	$100	$500
11	E. J. Noble (EJN) Health Center	Cable	$600	$1,000	$500	$400	$900	$100	$500
12	E. J. Noble (EJN) Hospital	T-1	$1,200	$2,100	$1,000	$900	$1,900	$200	$1,000
13	Jefferson County Public Health Service	T-1	$600	$2,100	$1,000	$600	$1,600	$500	$100
14	Lewis Cty. Community Mental Health Center	Cable	$600	$1,000	$500	$400	$900	$100	$500
15	Lewis County General Hospital	T-1	$1,200	$2,100	$1,000	$900	$1,900	$200	$1,000
16	St. Elizabeth Medical Center	T-1	$600	$3,000	$600	$1,200	$1,800	$1,200	-$600
17	North Country Children's Clinic	T-1	$1,200	$2,100	$1,000	$400	$1,400	$700	$500
18	River Hospital	T-1	$1,200	$2,100	$1,000	$900	$1,900	$200	$1,000
19	Samaritan Medical Center(SMC)	T-1	$1,200	$2,100	$1,000	$900	$1,900	$200	$1,000
20	SMC Mental Health Clinic	Cable	$1,200	$2,000	$1,000	$900	$1,900	$100	$1,100
21	SMC Clinic/Plaza Family Health Center	Cable							
22	SMC/Fort Drum Outpatient Mental Health Clinic	Cable	$600	$1,000	$500	$400	$900	$100	$500
23	SMC Clinic/Family Health Center	Cable	$600	$1,000	$500	$400	$900	$100	$500
24	SMC Urology Clinic	Cable	$600	$1,000	$500	$400	$900	$100	$500
25	St. Joseph's Hospital	T-1	$2,000	$2,100	$400	$1,200	$1,600	$500	$1,500
26	St. Lawrence County Public Health Dept.	T-1	$600	$2,100	$1,000	$600	$1,600	$500	$100
27	SUNY Upstate Medical Center University Hosp	T-1	$2,000	$2,100	$400	$1,200	$1,600	$500	$1,500
28	Claxton-Hepburn Medical Center	T-1	$1,200	$2,100	$1,000	$900	$1,900	$200	$1,000
						Total Network Gain by Sustaining Initiative (based on most conservative estimates)			**$19,400**

This budget was developed based on the following assumptions:
(1) Rural NCTP participating hospitals are paying minimum of $1200 per month for a T-1, Public Health Departments are paying an average of $600 per month for a T-1, participating rural primary care & mental health clinics are paying an average of $600 per month for Time Warner Cable Business Class connectivity and participating Urban Hospitals are paying an average of $600 per month per T-1.
(2) Expected monthly cost per 10MB and 100MB Ethernet connections based on DANC RFP pricing in Option 2 for years 1 and 2..
(3) NCTP estimates that: rural hospitals will save at least $1,000 per month by utilizing the bandwidth to do remote telemedicine consults rather than bringing the specialists to their facilities and rural clinics will save $400-$600 per month in staff costs by utilizing the broadband network to more efficiently use their supporting hospitals resources.
(4) NCTP estimates that: urban hospitals will increase revenue by at least $1,200 per month through providing telemedicine consults to rural sites, rural hospitals will increase revenue by at least $900 per month and rural clinics will increase revenue by $400-$600 per month through the provision of new sub-specialty services only available through remote telemedicine consults.

10. Provide detail on how the supported network has advanced telemedicine benefits:

a. Explain how the supported network has achieved the goals and objectives outlined in selected participant's Pilot Program application;
   - While the NCTP network is not yet deployed, the ongoing collaborative efforts between FDRHPO and participating entities are increasing awareness of the benefits of telemedicine and also identifying potential telemedicine application business opportunities.

b. Explain how the supported network has brought the benefits of innovative telehealth and, in particular, telemedicine services to those areas of the country where the need for those benefits is most acute;

c. Explain how the supported network has allowed patients access to critically needed medical specialists in a variety of practices without leaving their homes or communities;

d. Explain how the supported network has allowed health care providers access to government research institutions, and/or academic, public, and private health care institutions that are repositories of medical expertise and information;

e. Explain how the supported network has allowed health care professional to monitor critically ill patients at multiple locations around the clock, provide access to advanced applications in continuing education and research, and/or enhanced the health care community's ability to provide a rapid and coordinated response in the event of a national crisis.

- The proposed network is not yet in place; nothing to report.

11. Provide detail on how the supported network has complied with HHS health IT initiatives:

a. Explain how the supported network has used health IT systems and products that meet interoperability standards recognized by the HHS Secretary;

b. Explain how the supported network has used health IT products certified by the Certification Commission for Healthcare Information Technology;

c. Explain how the supported network has supported the Nationwide Health Information Network (NHIN) architecture by coordinating activities with organizations performing NHIN trial implementations;

d. Explain how the supported network has used resources available at HHS's Agency for Healthcare Research and Quality (AHRQ) National Resource Center for Health Information Technology;

e. Explain how the selected participant has educated themselves concerning the Pandemic and All Hazards Preparedness Act and coordinated with the HHS Assistant Secretary for Public Response as a resource for telehealth inventory and for the implementation of other preparedness and response initiatives; and

f. Explain how the supported network has used resources available through HHS's Centers for Disease Control and Prevention (CDC) Public Health Information Network (PHIN) to facilitate interoperability with public health and emergency organizations.

- The proposed network is not yet in place; nothing to report.

12. Explain how the selected participants coordinated in the use of their health care networks with the Department of Health and Human Services (HHS) and, in particular, with its Centers for Disease Control and Prevention (CDC) in instances of national, regional, or local public health emergencies (e.g., pandemics, bioterrorism). In such instances, where feasible, explain how selected participants provided access to their supported networks to HHS, including CDC, and other public health officials.

- The proposed network is not yet in place; nothing to report.